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An Inaugural Thesis

By

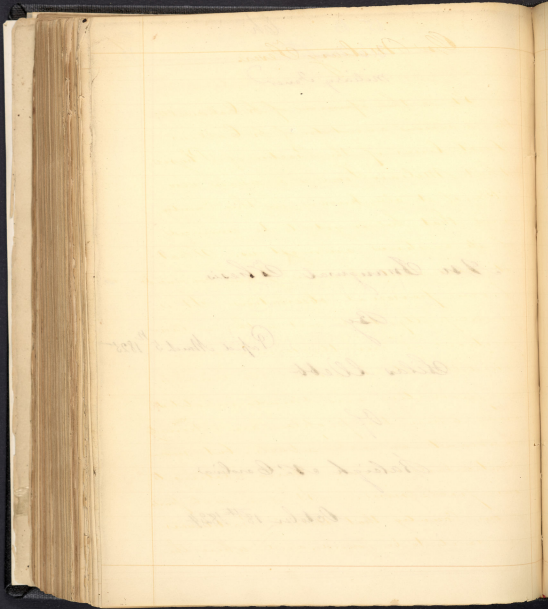
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Of

Raleigh N. Carolina

October 18<sup>th</sup> 1824



## On Miliary Fever.

It is the opinion of Dr Caldwel, the judicious annotator of Dr Cullen's First Lines of the Practice of Physic, that Miliary Fever is a disease, very little, if at all, known in this Country, and that he is yet to be convinced of its existence amongst us. That it does exist, however, I am convinced from personal observations. It is, principally, to be met with, in those portions of our Western and some Middle States, where the land is unproductive and thinly inhabited, and where the people are extremely ignorant on all subjects, but more particularly on every thing relating to our profession. It is in such parts of our Country that skilful Practitioners are rarely to be found, and where the





bare-faced pretenders of our art, having  
 notwithstanding hardly any check upon them,  
 exert their most baneful influence  
 upon society. And, hence, the  
 productive sources of Meliory Fever,  
 are, in those parts, of our otherwise  
 happy land, more by no means  
 wanting, and will be frequently  
 found very abundant. Indeed  
 the Practitioners of those parts of  
 our country, to which I have  
 alluded, chiefly consist of itinerant  
 Quacks, and ignorant and conceited  
 old women. These Itinerants as they  
 pass through our country, ~~scare~~  
 scatter their nostrums with a boldness  
 and presumption, which can only  
 be equalled by their ignorance and  
 stupidity. Such practice conjoined with  
 that, of their able coadjutors, the old



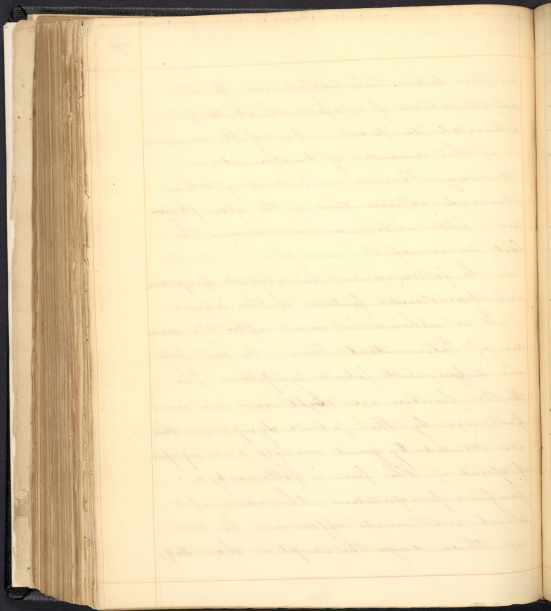
women, is too frequently the only medical aid, to which those destitute and unfortunate people can have access, since regularly-bred Practitioners can seldom obtain a competency in neighbourhoods so thinly settled and so poorly able to pay them for their services. When medicine is thus administered, by the hands of the unskilful, it is evident, that if the energetic powers of Nature do not counteract its injurious effects and restore health to the patient in spite of the accumulated obstacles, which she has to encounter, that the most injurious consequences may be expected. The practice of these persons is similar to that of the ancients. Sweating, with them was a favourite resource, and it was effected by deluging the Stomach with warm beverages and stimulating



articles taken internally, and by the application of esopive heat to the external surface. One of the consequences of this mode of treatment, is Miliary Fever. A case of which, strongly illustrative of the above observations, fell under my care during the last summer.

The following are the general symptoms and characteristic features of the disease.

It is ushered in, much after the manner of Intermittent Fever. We have chills and subsequent febrile symptoms. The chills, however are slight, and are soon followed by the febrile symptoms, which are attended by great anxiety, and delirium of spirits. The fever is followed by a profuse perspiration, the odour of which, is extremely offensive. In two or three days the eruption shows itself;



at first scattered, but it soon becomes so thick as to be in clusters. The eruption consists of extremely small red pimples, whose prominences, though not easily discovered by the eye on their first appearance, are however very perceptible to the touch. In a day or two after the formation of the pimples, a small vesicle is seen on the apex of each, which is at first transparent, then turbid and in a short time it becomes white, evidencing the presence of pus, and they then stand out like small globules. In a few days these globules break and as they dry, exhibit the appearance of small scales, which soon fall off: While one set of eruptions are passing away, another succeeds. The eruptions first commence on those parts of the body, which are most closely confined by the





appeared; however no part of the surface is exempt from their attack, and even the hands & feet are affected.

It is stated by Thomas that the redness of the eruptions occasionally disappears and that the parts attacked become of the ordinary colour of the skin. This however I did not observe to be the case, previous to the desquamation, in the patient whom I attended with the disease last summer. While the perspiration and eruptions continue, the patient is much tormented by a disagreeable pruritus and prickling of the skin. Generally the eruption commences on the neck and breast and ultimately extends over the whole surface of the body. The integuments of the palms of the hands, and of the soles of the feet are particularly affected, and the pain and irritation there felt, is much greater than



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on any other parts of the body. Which  
is owing to the eruptions during their inflamma-  
tion, being bound down by the dense  
and firm or unyielding covering of the  
parts. And by paring away the skin after  
the inflammation has existed long enough  
in the integuments of those parts of the  
hands and feet already mentioned, we  
discover innumerable small cavities filled  
with pus. The skin in consequence of the  
severe inflammation which has existed in  
it, is much thickened and indurated. And  
its sensibility is quite, or so nearly destroyed  
that I have known extremely thick pieces  
of skin from those parts of the hands  
or feet, to be pared away without the  
slightest pain to the patient.

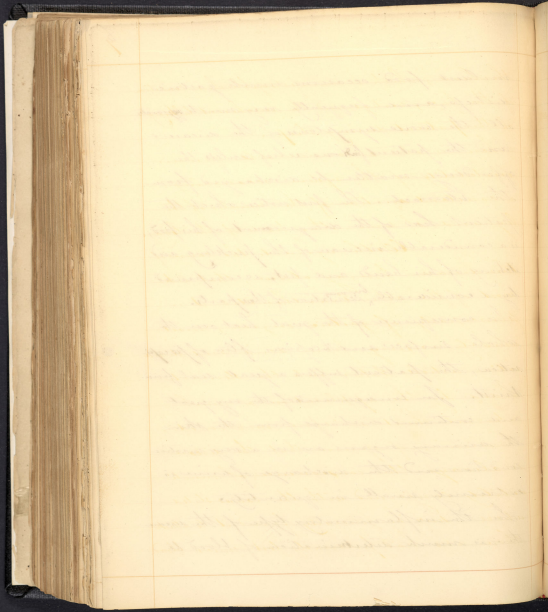
During the whole course of the disease,  
the stomach is extremely irritable, with  
a considerable degree of nausea. The

*[Faint, illegible handwriting in cursive script, likely bleed-through from the reverse side of the page.]*

mildest food occasions much gastric distress, and frequently very much aggravates all the worse symptoms of the disease and the patient finds no relief unless the offending matter be discharged from the stomach. The first notice, which the patient has of the disagreement of his food, is a considerable increase of the prickling and itching of his hands and feet, accompanied by a considerable <sup>burning</sup> irritation of those parts.

In consequence of the great heat over the whole surface and the copious flow of perspiration, the patient suffers a great deal from thirst. In consequence of the very great and continued discharge from the skin, the urinary organs are in a very inactive condition and the discharge of urine is extremely small in quantity.

In the inflammatory type of the disease there is much detritation of blood to

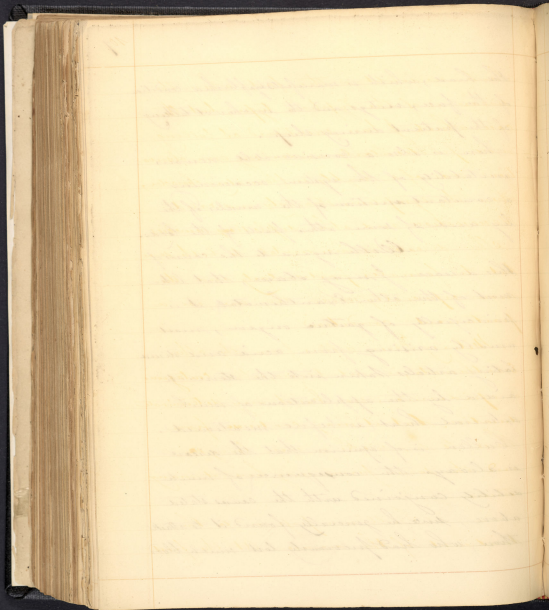


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the head, which is manifested by a flushed condition of the face, vertigo, and the incoherent talking of the patient during sleep.

There is also a considerable nervous irritability of the system, occasioning a constant motion of the muscles of the leg and of some other parts of the body.

With regard to the cause of this disease, I may observe, that like most of the other Exanthemata, it is principally of gastric origin, most usually arising from acrid and stimulating articles taken into the stomach, aided by the application of much external heat, as before mentioned.

Cullen is of opinion that the disease is always the consequence of much debility conjoined with the cause stated above, since he generally found it to attack those, who had previously lost much blood.





Such no doubt is the fact, when the disease is of the Typhoid type; but the case which I have mentioned as falling, more particularly under my own observation, was of a highly inflammatory character, when the symptoms strongly indicated Venesection and other depleting remedies.

This disease is incidental to both sexes, but to females particularly and the more especially, when they are in a parturient condition.

Miliary Fever differs from the other Exanthemata, in not being, either contagious or epidemic; nor has it any determinate duration, but it may continue from three to six weeks or even longer, and the same person may have it many times.

I will now pass on to the treatment of the disease. At the first



view of the symptoms, the indications of cure appear plain and simple, but whomsoever meets with a severe case of this malady, will often, during its progress, find himself much embarrassed to adapt his remedies to each particular indication. Some Practitioners are of opinion, that the admission of much cool air is generally injurious in the treatment of the Exanthemata, but as the disease under consideration, may be of a highly inflammatory type, whenever such is the case, it must be obvious to every reflecting mind, that any practice which is not antiphlogistic, must be extremely hazardous and altogether deleterious to the patient.

The morbid flow of perspiration appears to be intimately associated with the erupting



as it generally precedes and accompanies it. This profuse secretion from the skin occasions great prostration of strength, and consequently the first indication is to restrain this inordinate discharge.

The second indication is to arrest the progress of the eruption; and the third indication is to give tone to the system.

The first indication may be fulfilled by the following treatment. The patient's body is to be kept as cool as possible by wearing very thin apparel and as little of it as will barely suffice to cover him. A pallet is preferable to a bed; in fact a bed is almost insupportable as it keeps the patient very restless in consequence of the great accumulation of heat which is produced. When the weather is warm, all the windows and doors may be thrown open, and continued so every night, as I have not



shunned any injury to results from this plan of procedure.

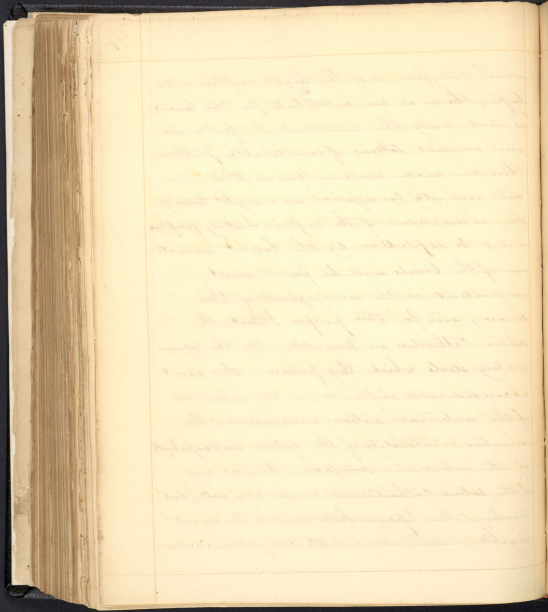
I come secondly, to treat of the second indication, viz the amputation of the psoas of the eruption. It is observed by Thomas that Military eruptions, sometimes accompany inflammatory affections, when, he says, it will be necessary to have recourse to gentle aperients, or laxative Clysters, but that bleeding ought never to be used. We are compelled, however, to dissent from this high authority, since it must be obvious that this practice is too inert under those circumstances, where a highly inflammatory diathesis exists; as, from observation I am convinced is sometimes the case, and then a more energetic practice must be adopted, and it will, in fact, often be found absolutely necessary to the cure of our patient. I am fully persuaded that





when the fever is of the highly inflammatory type, there is no substitute for the lancet, as not only the head but the pulse also gives evident tokens of considerable plethora.

Under such circumstances Venesection will generally be required six or eight times for the reduction of the inflammatory symptoms. Next to depletion by the lancet, evacuations of the bowels will be found most important, in the management of this disease; and for this purpose I think the saline cathartics are preferable. By the copious watery stools which they produce, they exert a considerable influence in the reduction of the arterial action and in calming the morbid irritability of the system and especially of the external surface. Almost any of the saline cathartics will answer very well, but perhaps the Epsom Salts would be most eligible. And also a little magnesia added



to this preparation will improve its efficacy; in consequence of the acidity, almost always exists in the stomach during this disease.

Throughout the whole course of the disease, the most cooling drinks are to be employed.

If then Seltzer Water may be used very advantageously. It is agreeable to the patient and speedily mitigates the existing irritability of the stomach.

For the relief of the constant prickling in the hands and feet, it will be found useful to bathe them frequently in very cold water.

The third indication is to give tone to the system. By the time that the morbid flow of perspiration is arrested, the irritability of the stomach moderated, and the eruption begins finally to disappear the patient will be found much debilitated and it will be found necessary to support and strengthen him by tonic medicines.

The first part of the paper is devoted to a  
general statement of the facts and circumstances  
of the case. It is then divided into two parts,  
the first of which is devoted to a statement of  
the facts and circumstances of the case, and the  
second to a statement of the law applicable to  
the facts. The first part is divided into two  
sections, the first of which is devoted to a  
statement of the facts and circumstances of the  
case, and the second to a statement of the law  
applicable to the facts. The second part is  
divided into two sections, the first of which  
is devoted to a statement of the facts and  
circumstances of the case, and the second to  
a statement of the law applicable to the facts.

If these, the chalybeates are to be preferred. They are preferable to the Peruvian Bark, since the latter, if given whilst the slightest degree of fever remains and when the irritability of the stomach is not altogether relieved, never fails to disturb the patient and may produce a relapse.

Through the whole course of the disease, the ~~restriction~~ should be observed as regards diet. This should be of the lightest nature. The stomach will not, for a long time, bear animal food. During convalescence, milk and mush will be found to answer very well. Buttermilk, also, sits well on the stomach. When all the appearances of the eruptions have vanished we may ~~then~~ allow a little boiled chicken or other meats which are easily digested; the return, however, to the accustomed diet, should be extremely gradual.



AN  
ESSAY

ON  
FEBRILE  
FEVERS.

By  
Charles C. Murray, M.D.

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